| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| 90378 (CPT) | **Synagis** | palivizumab (respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each) | Medical (PA) | |
| A9513 | **Lutathera** | lutetium lu 177, dotatate, therapeutic, 1 millicureie | Medical (PA) | |
| A9590 | **Azedra** | Iodine I-131, iobenguane, 1 millicurie | Medical (PA) | |
| A9606 | **Xofigo** | radium ra-223 dichloride, therapeutic, per microcurie | Medical (PA) | |
| B4105 | **Relizorb** | in-line cartridge digestive enzyme for enteral feeding each | Medical | |
| C9046 | **Goprelto** | COCAINE HCI NASAL SOL TOP ADMN 1 MG | Medical | |
| C9047 | **Cablivi** | Injection, caplacizumab-yhdp, 1 mg | Medical (PA) | |
| C9065 | | Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg | Medical | |
| C9069 | **Blenrep** | injection, belantamab mafodontin-blmf, 0.5 mg | Medical | |
| C9070 | **Monjuvi** | injection, tafasitamab-cxix, 2 mg | Medical | |
| C9071 | **Viltepso** | Injection, viltolarsen, 10 mg | Medical (PA) | |
| C9072 | **Asceniv** | injection, immune globulin (asceniv), 500 mg | Medical (PA) | |
| C9073 | **Tecartus** | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| C9132 | **Kcentra** | prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity | Medical | |
| C9248 | **Cleviprex** | injection, clevidipine butyrate | Medical | |
| C9250 | **Artiss** | artiss fibrin sealant | Medical | |
| C9290 | **Exparel** | injection, bupivacaine liposome, 1 mg | Medical | |
| C9293 | **Voraxaze** | injection, glucarpidase, 10 units | Medical | |
| C9399 | | Unclassified | Medical | |
| C9462 | **Baxdela** | injection, delafloxacin, 1 mg | Medical | |
| C9482 | **Sotalol** | injection, sotalol hydrochloride, 1 mg | Medical | |
| C9488 | **Vaprisol** | injection, conivaptan hydrochloride, 1 mg | Medical | |
| D4381 | **Arestin** | minocycline microspheres, 1 mg | Medical | |
| G2082 | **Spravato** | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation | Either (PA) | May bill either benefit, PA required regardless of benefit |
| G2083 | **Spravato** | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J0121 | **Nuzyra** | Injection, omadacycline, 1 mg | Medical (PA) | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0122 | **Xerava** | Injection, eravacycline, 1 mg | Medical | |
| J0129 | **Orencia** | injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J0130 | **Reopro** | injection abciximab, 10 mg | Medical | |
| J0132 | **Acetadote** | injection, acetylcysteine, 100 mg | Medical | |
| J0133 | | injection, acyclovir, 5 mg | Medical | |
| J0135 | **Humira** | injection, adalimumab, 20 mg | Pharmacy (PA) | |
| J0153 | **Adenoscan** | injection, adenosine , 1 mg | Medical | |
| J0171 | | injection, adrenalin, epinephrine, 0.1 mg | Medical | |
| J0178 | **Eylea** | injection, aflibercept, 1 mg | Medical | |
| J0179 | **Beovu** | Injection, brolucizumab-dbll, 1 mg | Either | |
| J0180 | **Fabrazyme** | injection, agalsidase beta, 1 mg | Medical (PA) | |
| J0185 | **Cinvanti** | injection, aprepitant, 1 mg | Medical | |
| J0202 | **Lemtrada** | injection alemtuzumab 1 mg | Medical (PA) | |
| J0205 | **Ceredase** | injection, alglucerase, 1 mg | Medical | |
| J0207 | **Ethyol** | injection, amifostine, 500 mg | Medical | |
| J0210 | | injection, methyldopate hcl, up to 250 mg | Medical | |
| J0215 | **Amevive** | alefacept | Medical | |
| J0220 | **Myozyme** | injection, alglucosidase alfa, 10 mg, not otherwise specified | Medical (PA) | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0221 | **Lumizyme** | injection, alglucosidase alfa, (lumizyne), 10 mg | Medical (PA) | |
| J0222 | **Onpattro** | Injection, Patisiran, 0.1 mg | Medical (PA) | |
| J0223 | **Givlaari** | Injection, givosiran, 0.5 mg | Medical (PA) | |
| J0256 | **Aralast NP, Prolastin, Prolastin C, Zemaira** | injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | Medical (PA) | |
| J0257 | **Glassia** | injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | Medical (PA) | |
| J0270 | **Caverject, Edex** | prostaglandin e1,ic | Pharmacy | |
| J0275 | **Muse** | alprostadil urethral suppository | Pharmacy | |
| J0278 | | injection, amikacin sulfate, 100 mg | Medical | |
| J0280 | | injection, aminophyllin, up to 250 mg | Medical | |
| J0285 | | injection, amphotericin b, 50mg | Medical | |
| J0287 | **Abelcet** | injection, amphotericin b lipid complex, 10 mg | Medical | |
| J0288 | **Amphotec** | injection, ampho b cholesteryl sulfate, 10mg | Medical | |
| J0289 | **Ambisome** | injection, amphotericin b liposome, 10mg | Medical | |
| J0290 | | injection, ampicillin sodium, 500 mg | Medical | |
| J0291 | **Zemdri** | Injection, plazomicin, 5 mg | Medical | |
| J0295 | | injection, ampicillin sodium/sulbactam sodium, per 1.5 g | Medical | |
| J0348 | **Eraxis** | injection, anidulafungin, 1 mg | Medical | |
| J0360 | | injection, hydralazine hcl, up to 20 mg | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0364 | **Apokyn** | injection, apomorphine hydrochloride 1 mg | Pharmacy (PA) | |
| J0365 | **Trasylol** | injection, aprtonin, 10,000kiu | Medical | |
| J0400 | | injection, aripiprazole, im 0.25mg | Medical | |
| J0401 | **Abilify Maintena** | injection, aripiprazole, extended release, 1 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J0456 | **Zithromax** | injection, azithromycin, 500 mg | Medical | |
| J0461 | | injection, atropine sulfate, 0.01 mg | Medical | |
| J0470 | **Bal in Oil** | injection, dimecaprol 100mg | Medical | |
| J0475 | **Lioresal** | injection, baclofen, 10 mg | Medical | |
| J0476 | **Gablofen, Lioresal** | injection, baclofen, 50 mcg for intrathecal trial | Medical | |
| J0485 | **Nulojix** | injection, belatacept, 1 mg | Medical (PA) | |
| J0490 | **Benlysta** | injection, belimumab, 10 mg | Pharmacy (PA) | |
| J0500 | **Bentyl** | injection, dicyclomine hcl, up to 20 mg | Medical | |
| J0515 | **Cogentin** | injection, benztropine mesylate, per 1 mg | Medical | |
| J0517 | **Fasenra** | Injection, benralizumab, 1 mg | Medical (PA) | |
| J0558 | **Bicillin C-R** | injection, penicillin g benzathine and penicillin g procaine, 100,000 units | Medical | |
| J0561 | **Bicillin L-A** | injection, penicillin g benzathine, 100,000 units | Medical | |
| J0565 | **Zinplava** | injection, bezlotoxumab, 10 mg | Medical (PA) | |
| J0567 | **Brineura** | injection, cerliponase alfa, 1 mg | Medical (PA) | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0570 | **Probuphine** | buprenorphine implant 74.2mg | Medical (PA) | |
| J0571 | **Subutex** | buprenorphine, oral , 1 mg | Pharmacy | |
| J0572 | **Suboxone** | buprenorphine/naloxone, oral, less than or equal to 3 mg | Pharmacy | |
| J0573 | **Suboxone** | buprenorphine/naloxone, oral, greater than 3 mg but less than or equal to 6 mg | Pharmacy | |
| J0574 | **Suboxone** | buprenorphine/naloxone, oral, greater than 6 mg , but less than or equal to 10 mg | Pharmacy | |
| J0575 | **Suboxone** | buprenorphine/naloxone, oral, greater than 10 mg | Pharmacy | |
| J0583 | **Angiomax** | injection, bivalirudin, 1 mg | Medical | |
| J0584 | **Crysvita** | inj burosumab-twza, 1mg | Medical (PA) | |
| J0585 | **Botox** | injection, onabotulinumtoxina, 1 unit | Medical (PA) | |
| J0586 | **Dysport** | injection, abobotulinumtoxina | Medical (PA) | |
| J0587 | **Myobloc** | injection, rimabotulinumtoxinb, 100 units | Medical (PA) | |
| J0588 | **Xeomin** | injection, incobotulinumtoxina, 1 unit | Medical (PA) | |
| J0592 | | injection, buprenorphine hcl, 0.1 mg | Medical (PA) | |
| J0593 | **Takhzyro** | Injection, lanadelumab-flyo, 1 mg | Pharmacy (PA) | |
| J0594 | | injection, busulfan, 1 mg | Medical | |
| J0595 | | injection, butorphanol tartrate, 1 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0596 | **Ruconest** | injection, c1 esterase inhib ruconest 10 u | Pharmacy (PA) | |
| J0597 | **Berinert** | injection, c-1 esterase inhibitor (human), berinert, 10 units | Pharmacy (PA) | |
| J0598 | **Cinryze** | injection, c-1 esterase, 10 units | Pharmacy (PA) | |
| J0599 | **Haegarda** | injection, c-1 esterase inhibitor (human), (haegarda), 10 units | Pharmacy (PA) | |
| J0600 | | injection, edetate calcium disodium, 1000mg | Medical | |
| J0604 | **Sensipar** | cinacalcet, oral, 1mg (for esrd on dialysis) | Pharmacy | |
| J0606 | **Parsabiv** | injection, etelcalcetide, 0.1 mg | Medical | |
| J0610 | | injection, calcium gluconate, per 10 ml | Medical | |
| J0630 | **Micalcin** | injection, calcitonin salmon, up to 400 units | Pharmacy | |
| J0637 | **Canidas** | injection, caspofungin acetate, 5 mg | Medical | |
| J0638 | **Ilaris** | injection, canakinumab | Medical (PA) | |
| J0640 | | injection, leucovorin calcium, per 50 mg | Medical | |
| J0641 | | Injection, levoleucovorin, not otherwise specified, 0.5 mg | Medical | |
| J0642 | **Khapzory** | Injection, levoleucovorin (khapzory), 0.5 mg | Medical | |
| J0670 | **Polocaine** | injection, mepivacaine hcl, per 10 ml | Medical | |
| J0690 | | injection, cefazolin sodium, 500 mg | Medical | |
| J0691 | **Xenleta** | Injection, lefamulin, 1 mg | Medical (PA) | |
| J0692 | **Maxipime** | injection, cefepime hcl, 500 mg | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0693 | **Fetroja** | Injection, cefiderocol, 5 mg | Medical | |
| J0694 | **Mefoxin** | injection, cefoxitin sodium, 1 g | Medical | |
| J0695 | **Zerbaxa** | injection, ceftolozane 50 mg & taz 25 mg | Medical | |
| J0696 | **Rocephin** | injection, ceftriaxone sodium, per 250 mg | Medical | |
| J0697 | **Zinacef** | injection, sterile cefuroxime sodium, per 750 mg | Medical | |
| J0698 | **Claforan** | injection, cefotaxime sodium, per g | Medical | |
| J0702 | **Celestone Soluspan** | injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg | Medical | |
| J0706 | | injection, caffeine citrate, 5 mg i | Medical | |
| J0712 | **Teflaro** | injection, ceftaroline fosamil, 10 mg | Medical | |
| J0713 | **Fortaz** | injection, ceftazidime, per 500 mg | Medical | |
| J0714 | **Avycaz** | injection, ceftazidime and avibactam, 0.5 g/0.125 g | Medical | |
| J0716 | **Anascorp** | injection, centruroides immune f(ab)2, up to 120 mg | Medical | |
| J0717 | **Cimzia** | injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | Either (PA) Syringes: pharmacy benefit ONLY Vials: medical benefit ONLY | This Jcode is shared by two different dosage forms (Cimzia vial and syringe). Cimzia syringes are covered with a PA on the pharmacy benefit only. Cimzia vial is covered with a PA on the medical benefit only. |
| J0720 | | injection, choloramphenicol sodium, 1gm | Medical | |
| J0725 | **Novarel** | injection, gonadotropin, 1000units | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0735 | **Duraclon** | injection, clonidine hcl, 1 mg | Medical | |
| J0740 | **Vistide** | injection, cidofovir, 375 mg | Medical | |
| J0742 | **Recarbrio** | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg | Medical | |
| J0743 | **Primaxin** | injection, cilastatin sodium; imipenem, per 250 mg | Medical | |
| J0744 | **Cipro** | injection, ciprofloxacin for intravenous infusion, 200 mg | Medical | |
| J0745 | | injection, codeine phosphate, per 30 mg | Medical | |
| J0770 | **Coly-Mycin** | injection, colistimethate sodium, up to 150mg | Medical | |
| J0775 | **Xiaflex** | injection, collagenase, clostridium histolyticum, 0.01 mg | Medical | |
| J0780 | | injection, prochlorperazine, up to 10 mg | Medical | |
| J0791 | **Adakveo** | Injection, crizanlizumab-tmca, 5 mg | Medical (PA) | |
| J0795 | **Acthrel** | injection, corticorelin ovine triflutate, 1 mcg | Medical | |
| J0800 | **Acthar Gel** | injection, corticotropin, up to 40 units | Pharmacy (PA) | |
| J0834 | | injection, cosyntropin (cortrosyn), 0.25 mg | Medical | |
| J0840 | **Crofab** | injection, crotalidae polyvalent immune fab (ovine), up to 1 gm | Medical | |
| J0841 | **Anavip** | injection, crotalidae immune f(ab')2 (equine), 120 mg | Medical | |
| J0850 | **Cytogam** | injection, cymomegalovirus imm, per vial | Medical | |
| J0875 | **Dalvance** | injection dalbavancin 5mg | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J0878 | **Cubicin** | injection, daptomycin, 1 mg | Medical | |
| J0881 | **Aranesp** | injection, darbepoetin alfa, 1 mcg (non-esrd use) | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J0882 | **Aranesp** | injection, darbepoetin alfa, 1 mcg (for esrd on dialysis) | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J0883 | **Argatroban** | injection, argatroban 1mg non esrd use | Medical | |
| J0884 | **Argatroban** | injection, argatroban 1mg esrd on dialysis | Medical | |
| J0885 | **Procrit/Epogen** | injection, epoetin alfa, (for non-esrd use), 1000 units | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J0887 | **Mircera** | injection, epoetin beta, 1 mcg (for esrd on dialysis) | Medical | |
| J0888 | **Mircera** | injection, epoetin beta, 1 mcg (for non-esrd use) | Medical | |
| J0890 | **Omontys** | injection, peginesatide, 0.1 mg (for esrd on dialysis) | Medical | |
| J0894 | **Dacogen** | injection, decitabine, 1 mg | Medical | |
| J0895 | **Desferal** | injection, deferoxamine mesylate, 500 mg | Medical | |
| J0896 | **Reblozyl** | Injection, luspatercept-aamt, 0.25 mg | Medical (PA) | |
| J0897 | **Prolia/Xgeva** | injection, denosumab, 1mg | Either (PA) | This Jcode is shared by two different products. May bill either benefit. PA required regardless of benefit |
| J1000 | | injection, depo-estradiol cypionate, up to 5 mg | Either | |
| J1020 | **Methylpred** | injection, methylprednisolone acetate, 20 mg | Either | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1030 | **Depo-Medrol** | injection, methylprednisolone acetate, 40 mg | Either | |
| J1040 | **Depo-Medrol** | injection, methylprednisolone acetate, 80 mg | Either | |
| J1071 | **Depo-Testosterone** | injection, testosterone cypionate, 1 mg | Pharmacy (PA) | |
| J1094 | | injection, dexamethasone acetate, 1 mg | Either | |
| J1095 | **Dexycu** | injection, dexamethasone 9 percent, intraocular, 1 microgram | Medical | |
| J1097 | **Omidria** | Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml | Medical | |
| J1100 | | injection, dexamethasone sodium phosphate, 1 mg | Medical | |
| J1110 | **D.H.E 45** | injection, dihydroergotamine mesylate, per 1 mg | Medical | |
| J1120 | | injection, acetazolamide sodium, up to 500 mg | Medical | |
| J1130 | **Dyloject** | injection, diclofenac sodium 0.5mg | Medical | |
| J1160 | **Lanoxin** | injection, digoxin, up to 0.5 mg | Medical | |
| J1162 | **Digibind, Digfab** | injection, digoxin immune fab (ovine), per vial | Medical | |
| J1165 | | injection, phenytoin sodium, per 50 mg | Medical | |
| J1170 | | injection, hydromorphone, up to 4 mg | Medical | |
| J1190 | **Zinecard, Totect** | injection, dexrazoxane hcl, per 250 mg | Medical | |
| J1200 | **Benadryl** | injection, diphenhydramine hcl, up to 50 mg | Medical | |
| J1201 | **Quzyttir** | Injection, cetirizine hydrochloride, 0.5 mg | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1205 | **Diuril** | injection, chlorothiazide sodium, per 500 mg | Medical | |
| J1212 | **Rimso-50** | injection, dmso, dimethyl sulfoxide, 50%, 50 ml | Medical | |
| J1230 | | injection, methadone hcl 10 mg | Medical | |
| J1240 | | injection, dimenhydrinate, up to 50 mg | Medical | |
| J1245 | | injection, dipyridamole, per 10 mg | Medical | |
| J1250 | | injection, dobutamine hcl, per 250 mg | Medical | |
| J1260 | **Anzemet** | injection, dolasetron mesylate, 10 mg | Medical | |
| J1265 | | injection, dopamine hcl, 40 mg | Medical | |
| J1267 | **Doribax** | injection, doripenem, 10 mg | Medical | |
| J1270 | **Hectrol** | injection, doxercalciferol, 1 mcg | Medical | |
| J1290 | **Kalbitor** | injection, ecallantide | Pharmacy (PA) | |
| J1300 | **Soliris** | injection, eculizumab, 10 mg | Medical (PA) | |
| J1301 | **Radicava** | injection, edaravone 1 mg | Pharmacy (PA) | |
| J1303 | **Ultomiris** | Injection, ravulizumab-cwvz, 10 mg | Medical (PA) | |
| J1322 | **Vimizim** | injection elosulfase alfa, 1 mg | Medical (PA) | |
| J1324 | **Fuzeon** | injection enfurvirtide | Either | |
| J1325 | **Flolan** | injection, epoprostenol | Pharmacy (PA) | |
| J1327 | **Integrilin** | injection, eptifibatide, 5 mg | Medical | |
| J1335 | **Invanz** | injection, ertapenem sodium, 500 mg | Medical | |
| J1364 | | injection, erythromycin lactobionate, per 500 mg | Medical | |

CHORUS COMMUNITY HEALTH PLANS

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1380 | **Delestrogen** | injection, estradiol valerate, 10 mg | Either | |
| J1410 | **Premarin** | injection, estrogen conjugate 25 mg | Either | |
| J1427 | **Viltepso** | Injection, viltolarsen, 10 mg | Medical (PA) | |
| J1428 | **Exondys 51** | injection, eteplirsen, 10 mg | Medical (PA) | |
| J1429 | **Vyondys 53** | Injection, golodirsen, 10 mg | Medical (PA) | |
| J1430 | | injection, ethanolamine oleate, 100mg | Medical | |
| J1437 | **Monoferric** | Injection, ferric derisomaltose, 10 mg | Medical | |
| J1438 | **Enbrel** | injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy (PA) | |
| J1439 | **Injectafer** | injection, ferric carboxymaltose, 1 mg | Medical | |
| J1442 | **Neupogen** | injection, filgrastim (g-csf), 1 microgram | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1443 | **Ferric Citrate** | inj ferric prpp cit sol 0.1 mg iron | Medical | |
| J1444 | **Triferic** | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron | Medical | |
| J1447 | **Granix** | injection tbo-filgrastim 1 microg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1450 | **Diflucan** | injection, fluconazole, 200 mg | Medical | |
| J1451 | **Antizol** | injection, fomepizole, 15 mg | Medical | |
| J1453 | **Emend** | injection, fosaprepitant, 1 mg | Medical | |
| J1454 | **Akynzeo** | injection, fosnetupitant 235 mg and palonosetron 0.25 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1458 | **Naglazyme** | injection, galsulfase | Medical (PA) | |
| J1459 | **Privigen** | injection, immune globulin (privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg | Medical (PA) | |
| J1460 | **Gamastan** | injection, gamma globulin, 1cc | Medical (PA) | |
| J1554 | **Asceniv** | injection, immune globulin (asceniv), 500 mg | Medical (PA) | |
| J1555 | **Cuvitru** | injection, immune globulin (cuvitru), 100 mg | Medical (PA) | |
| J1556 | **Bivigam** | injection, immune globulin (bivigam), 500 mg | Medical (PA) | |
| J1557 | **Gammaplex** | injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g. liquid), 500 mg | Medical (PA) | |
| J1558 | **Xembify** | Injection, immune globulin (xembify), 100 mg | Medical (PA) | |
| J1559 | **Hizentra** | injection, immune globulin (hizentra) | Medical (PA) | |
| J1560 | **Gamastan** | injection, gamma globulin, 10cc | Medical (PA) | |
| J1561 | **Gamunex, Gammunex-C, Gammaked** | injection, immune globulin, (gamunex/gamunex-c/gammaked), nonlyophilized (e.g., liquid), 500 mg | Medical (PA) | |
| J1562 | **Vivaglobin** | injection, immune globulin (vivaglobin) | Medical (PA) | |
| J1566 | **Gammagard S/D / Carimune Nf** | injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | Medical (PA) | |
| J1568 | **Octagam** | injection, octagam, 500mg | Medical (PA) | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1569 | **Gammagard Liquid** | injection, immune globulin, (gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg | Medical (PA) | |
| J1570 | **Cytovene** | injection, ganciclovir sodium, 500 mg | Medical | |
| J1571 | | injection, hepagam b im, 0.5ml | Medical | |
| J1572 | **Flebogamma** | injection, immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid), 500 mg | Medical (PA) | |
| J1573 | **Hepagam B** | injection, hepagam b intravenous, 0.5ml | Medical | |
| J1575 | **HyQvia** | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin | Medical (PA) | |
| J1580 | | injection, garamycin, gentamicin, up to 80 mg | Medical | |
| J1595 | **Copaxone** | injection, glatiramer acetate, 20 mg | Pharmacy | |
| J1599 | | Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg | Medical (PA) | |
| J1600 | **Myochcrysine** | injection, gold sodium thiomaleate, 50mg | Medical | |
| J1602 | **Simponi Aria** | injection, golimumab, 1 mg , for intraveneous use | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J1610 | | injection, glucagon hcl, per 1 mg | Medical | |
| J1626 | **Kytril** | injection, granisetron hcl, 100 mcg | Medical | |
| J1627 | **Kytril** | injection, granisetron, extended-release, 0.1 mg (kytril) | Medical | |
| J1628 | **Tremfya** | injection, guselkumab, 1 mg | Pharmacy (PA) | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1630 | **Haldol** | injection, haloperidol, up to 5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1631 | **Haldol** | injection, haloperidol decanoate, 50 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1632 | **Zulresso** | Injection, brexanolone, 1 mg | Medical (PA) | |
| J1640 | **Panhematin** | injection, hemin, 1 mg | Medical | |
| J1642 | | injection, heparin sodium, (heparin lock flush), per 10 units | Medical | |
| J1644 | | injection, heparin sodium, per 1000 units | Medical | |
| J1645 | **Fragmin** | injection, dalteparin sodium, per 2500 iu | Either | |
| J1650 | **Lovenox** | injection, enoxaparin sodium, 10 mg | Either | |
| J1652 | **Arixtra** | injection, fondaparinux sodium, 0.5 mg | Either | |
| J1670 | **Hypertet** | injection, tetanus immune globulin, human, up to 250 units | Medical | |
| J1675 | **Supprelin** | injection, histrelin acetate, 10 mcgrograms | Medical (PA) | |
| J1720 | **Solu- Cortef** | injection, hydrocortisone sodium succinate, up to 100 mg | Either | |
| J1726 | **Makena** | injection, hydroxyprogesterone caproate, (makena), 10 mg | Pharmacy (PA) | |
| J1729 | **Hydroxyprogesterone Caproate** | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg | Medical | |
| J1738 | **Anjeso** | Injection, meloxicam, 1 mg | Medical | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1740 | **Boniva** | injection, ibandronate sodium, 1 mg | Pharmacy | This Jcode is shared by two different dosage forms (both are ibandronate). Both products can be billed via jcode (no PA required). Ibandronate vial is not covered on the pharmacy benefit. |
| J1741 | | injection, ibuprofen, 100 mg | Medical | |
| J1742 | **Corvert** | injection, ibutilide fumarate, 1 mg | Medical | |
| J1743 | **Elaprase** | injection, idursulfase | Medical (PA) | |
| J1744 | **Firazyr** | injection, icatibant, 1 mg | Pharmacy (PA) | |
| J1745 | **Remicade** | injection, infliximab, excludes biosimilar, 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J1746 | **Trogarzo** | injection, ibalizumab-uiyk, 10 mg | Medical (PA) | |
| J1750 | **Dexferrum, Infed** | injection, iron dextran, 50 mg | Medical | |
| J1756 | **Venofer** | injection, iron sucrose, 1 mg | Medical | |
| J1786 | **Cerezyme** | injection, imiglucerase, 10 units | Medical (PA) | |
| J1790 | **Inapsine** | injection, droperidol, up to 5 mg | Medical | |
| J1800 | | injection, propranolol hcl, up to 1 mg | Medical | |
| J1815 | | injection, insulin, per 5 units | Medical | |
| J1817 | | insulin for administration through dme (i.e., insulin pump) per 50 units | Medical | |
| J1823 | **Uplizna** | Injection, inebilizumab-cdon, 1 mg | Medical (PA) | |
| J1826 | **Avonex** | INJECTION, INTERFERON BETA-1A, 30 MCG | Pharmacy | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J1830 | **Betaseron/ Extavia** | injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy (PA) | |
| J1833 | **Cresemba** | injection, isavuconazonium 1 mg | Medical | |
| J1840 | | injection, kanamycin sulfate, up to 500 mg | Medical | |
| J1850 | | injection, kanamycin sulfate,75 mg | Medical | |
| J1885 | | injection, ketorolac tromethamine, per 15 mg | Medical | |
| J1930 | **Somatuline Depot** | injection, lanreotide | Medical (PA) | |
| J1931 | **Aldurazyme** | injection, laronidase | Medical (PA) | |
| J1940 | | injection, furosemide, up to 20 mg | Medical | |
| J1943 | **Aristada Initio** | Injection, aripiprazole lauroxil, (aristada initio), 1 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1944 | **Aristada** | Injection, aripiprazole lauroxil, (aristada), 1 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J1945 | **Refludan** | injection, lepirudin, 50 mg | Medical | |
| J1950 | **Lupron depot** | injection, leuprolide acetate (for depot suspension), per 3.75 mg | Medical (PA) | |
| J1953 | **Keppra** | injection, levetiracetam, 10 mg | Medical | |
| J1955 | **Carnitor** | injection, levocarnitine, per 1 g | Medical | |
| J1956 | **Levaquin** | injection, levofloxacin, 250 mg | Medical | |
| J1980 | **Levsin** | injection, hyoscyamine sulfate, 0.25mg | Medical | |
| J2001 | **Xylocaine** | injection, lidocaine hcl for intravenous infusion, 10 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2010 | **Lincocin** | injection, lincomycin hcl, up to 300 mg | Medical | |
| J2020 | **Zyvox** | injection, linezolid, 200 mg | Medical | |
| J2060 | **Ativan** | injection, lorazepam, 2 mg | Medical | |
| J2062 | **Adasuve** | loxapine, inhalation powder, 10 mg | Medical | |
| J2150 | | injection, mannitol, 25% in 50 ml | Medical | |
| J2170 | **Increlex** | injection, mescasermin | Pharmacy (PA) | |
| J2175 | **Demerol** | injection, meperidine hcl, per 100 mg | Medical | |
| J2182 | **Nucala** | injection, mepolizumab, 1 mg | Medical (PA) | |
| J2185 | | injection, meropenem, 100 mg | Medical | |
| J2186 | **Vabomere** | injection, meropenem and vaborbactam, 10mg/10mg, (20mg) | Medical | |
| J2210 | **Methergine** | injection, methylergonovine maleate, up to 0.2 mg | Medical | |
| J2212 | **Relistor** | injection, methylnaltrexone, 0.1 mg | Pharmacy (PA) | |
| J2250 | | injection, midazolam hcl, per 1 mg | Medical | |
| J2260 | | injection, milrinone lactate, 5 mg | Medical | |
| J2270 | | injection, morphine sulfate, up to 10 mg | Medical | |
| J2274 | **Duramorph** | injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg | Medical | |
| J2278 | **Prialt** | injection, ziconotide, 1 mcg | Medical | |
| J2280 | **Avelox** | injection, moxifloxacin, 100 mg | Medical | |
| J2300 | | injection, nalbuphine hcl, per 10 mg | Medical | |
| J2310 | | injection, naloxone hcl, per 1 mg | Either | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2315 | **Vivitrol** | injection, naltrexone, depot form, 1 mg | Either | |
| J2323 | **Tysabri** | injection, natalizumab, 1 mg | Medical (PA) | |
| J2325 | **Natrecor** | injection, nestiritide, 0.1mg | Medical | |
| J2326 | **Spinraza** | injection, nusinersin, 0.1 mg | Medical (PA) | |
| J2350 | **Ocrevus** | injection, ocrelizumab, 1 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J2353 | **Sandostatin LAR** | injection, octreotide, depot form for intramuscular injection, 1 mg | Medical (PA) | |
| J2354 | **Sandostatin** | injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg | Medical | |
| J2355 | **Neumega** | injection, oprelvekin, 5 mg | Medical | |
| J2357 | **Xolair** | injection, omalizumab, 5 mg | Medical (PA) | |
| J2358 | **Zyprexa Relprevv** | injection, olanzapine, long-acting, 1 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J2360 | | injection, orphenadrine citrate, up to 60 mg | Medical | |
| J2370 | | injection, phenylephrine hcl, up to 1 ml | Medical | |
| J2400 | **Nesacaine** | injection, chloroprocaine hcl, per 30 ml | Medical | |
| J2405 | **Zofran** | injection, ondansetron hcl, per 1 mg | Medical | |
| J2407 | **Orbactiv** | injection, oritavancin 10 mg | Medical | |
| J2410 | **Opana** | injection, oxymorphone hcl 1 mg | Medical | |
| J2425 | **Kepivance** | injection, palifermin, 50 mcg | Medical | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2426 | **Invega Sustenna, Invega Trinza** | injection, paliperidone palmitate | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J2430 | **Aredia** | injection, pamidronate disodium, per 30 mg | Medical | |
| J2469 | **Aloxi** | injection, palonosetron hcl, 25 mcg | Medical | |
| J2501 | **Zemplar** | injection, paricalcitol, 1 mcg | Medical | |
| J2502 | **Signifor LAR** | inection, pasireotide long acting 1 mg | Medical (PA) | |
| J2503 | **Macugen** | injection, pegaptanib sodium, 0.3 mg | Medical | |
| J2504 | **Adagen** | injection, pegademase bovine, 25 iu | Medical (PA) | |
| J2505 | **Neulasta, Neulasta Onpro** | injection, pegfilgrastim, 6 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J2507 | **Krystexxa** | injection, pegloticase, 1 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J2510 | | injection, penicillin g procaine, aqueous, up to 600,000 units | Medical | |
| J2515 | **Nembutal** | injection, pentobarbital sodium, per 50 mg | Medical | |
| J2540 | **Pfizerpen-G** | injection, penicillin g potassium, up to 600,000 units | Medical | |
| J2543 | **Zosyn** | injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g) | Medical | |
| J2545 | **Nebupent** | pentamidine isethionate, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 300 mg | Medical | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2547 | **Rapivab** | injection, peramivir 1 mg | Medical | |
| J2550 | **Phenergan** | injection, promethazine hcl, up to 50 mg | Medical | |
| J2560 | | injection, phenobarbital sodium, up to 120 mg | Medical | |
| J2562 | **Mozobil** | injection, plerixafor, 1 mg | Medical (PA) | |
| J2590 | **Pitocin** | injection, oxytocin, up to 10 units | Medical | |
| J2597 | **Ddavp** | injection, desmopressin acetate, per 1 mcg | Medical | |
| J2675 | | injection, progesterone, per 50 mg | Medical | |
| J2680 | | injection, fluphenazine decanoate, up to 25 mg | Medical | |
| J2690 | | injection, procainamide hcl, up to 1 g | Medical | |
| J2700 | | injection, oxacillin sodium, 250 mg | Medical | |
| J2704 | **Diprivan** | injection , propofol, 10mg | Medical | |
| J2720 | | injection, protamine sulfate, per 10 mg | Medical | |
| J2724 | **Ceprotein** | injection, protein c concentrate, 10 units | Medical | |
| J2730 | | injection, pralidoxime chloride, up to 1 g | Medical | |
| J2760 | | injection, phentolamine mesylate, up to 5 mg | Medical | |
| J2765 | **Reglan** | injection, metoclopramide hcl, up to 10 mg | Medical | |
| J2770 | **Synercid** | injection, quinupristin/ dalfopristin, 500mg | Medical | |
| J2778 | **Lucentis** | injection, ranibizumab, 0.1 mg | Medical | |
| J2780 | **Zantac** | injection, ranitidine hcl, 25 mg | Medical | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2783 | **Elitek** | injection, rasburicase, 0.5 mg | Medical | |
| J2785 | **Lexiscan** | injection, regadenoson, 0.1 mg | Medical | |
| J2786 | **Cinqair** | injection, reslizumab, 1 mg | Medical (PA) | |
| J2787 | **Photrexa Viscous** | riboflavin 5' phosphate, opthalmic solution, up to 3ml | Medical | |
| J2788 | **Micrhogam, Bayrho** | injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.) | Medical | |
| J2790 | **Rhogam ultra** | injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.) | Medical | |
| J2791 | **Rhophylac** | injection, rho( d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu | Medical | |
| J2792 | **Winrho sdf** | injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu | Medical | |
| J2793 | **Arcalyst** | injection, rilonacept, 1 mg | Pharmacy (PA) | |
| J2794 | **Risperdal Consta** | injection, risperidone, long acting, 0.5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J2795 | **Naropin** | injection, ropivacaine hcl, 1 mg | Medical | |
| J2796 | **Nplate** | injection, romiplostim, 10 mcg | Medical (PA) | |
| J2797 | **Varubi** | injection, rolapitant, 0.5 mg | Medical | |
| J2798 | **Perseris** | Injection, risperidone, (perseris), 0.5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J2800 | **Robaxin** | injection, methocarbamol, up to 10 ml | Medical | |
| J2805 | **Sincalide** | injection, sincalide, 5 mcg | Medical | |
| J2810 | | injection, theophylline, per 40 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J2820 | **Leukine** | injection, sargramostim (gm-csf), 50 mcg | Medical | |
| J2840 | **Kanuma** | injection, sebelipase alfa, 1 mg | Medical (PA) | |
| J2850 | **Chirhostim** | injection, secretin, synthetic, human, 1 mcg | Medical | |
| J2860 | **Sylvant** | injection, siltuximab 10 mg | Medical (PA) | |
| J2916 | **Ferrlecit** | injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | Medical | |
| J2920 | **Solu- Medrol** | injection, methylprednisolone sodium succinate, up to 40 mg | Either | |
| J2930 | **Solu- Medrol** | injection, methylprednisolone sodium succinate, up to 125 mg | Either | |
| J2940 | **Somatrem** | injection, somatrem, 1 mg | Pharmacy (PA) | |
| J2941 | **Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive** | injection, somatropin, 1 mg | Pharmacy (PA) | |
| J2993 | **Retavase** | injection, reteplase recombinant, 18.1mg | Medical | |
| J2997 | **Activase** | injection, alteplase recombinant, 1 mg | Medical | |
| J3010 | **Sublimaze** | injection, fentanyl citrate, 0.1 mg | Medical | |
| J3030 | **Imitrex** | injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | Pharmacy | |
| J3031 | **Ajovy** | INJECTION FREMANEZUMAB-VFRM 1 MG | Pharmacy (PA) | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J3032 | **Vyepti** | Injection, eptinezumab-jjmr, 1 mg | Medical (PA) | |
| J3060 | **Elelyso** | injection, taliglucerate alfa, 10 units | Medical (PA) | |
| J3070 | **Talwin** | injection, pentazocine, 30 mg | Medical | |
| J3090 | **Sivextro** | injection tedizolid phosphate 1 mg | Medical | |
| J3095 | **Vibrativ** | injection, telavancin, 10 mg | Medical | |
| J3101 | **Tnkase** | injection, tenecteplase, 1 mg | Medical | |
| J3105 | | injection, terbutaline sulfate, up to 1 mg | Medical | |
| J3110 | **Forteo** | injection, teriparatide, 10 mcg | Pharmacy (PA) | |
| J3111 | **Evenity** | Injection, romosozumab-aqqg, 1 mg | Pharmacy (PA) | |
| J3121 | **Delatestryl** | injection, testosterone enanthate, 1 mg | Pharmacy (PA) | |
| J3145 | **Aveed** | Testosterone undecanoate 1mg | Medical (PA) | |
| J3230 | | injection, chlorpromazine hcl, up to 50 mg | Pharmacy | |
| J3240 | **Thyrogen** | injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | Medical | |
| J3241 | **Tepezza** | Injection, teprotumumab-trbw, 10 mg | Medical (PA) | |
| J3243 | | injection, tigecycline, 1 mg | Medical | |
| J3245 | **Ilumya** | injection, tildrakizumab, 1 mg | Medical (PA) | |
| J3246 | **Aggrastat** | injection, tirofiban hcl, 0.25mg | Medical | |
| J3250 | **Tigan** | injection, trimethobenzamide hcl, up to 200 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J3260 | | injection, tobramycin sulfate, up to 80 mg | Medical | |
| J3262 | **Actemra** | injection, tocilizumab, 1 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J3285 | **Remodulin** | injection, treprostinil | Pharmacy (PA) | |
| J3300 | | injection, triamcinolone acetonide, preservative free, 1 mg | Medical | |
| J3301 | **Kenalog** | injection, triamcinolone acetonide, not otherwise specified, 10 mg | Medical | |
| J3302 | **Clinacort** | injection, triamcinolone diacetate, per 5 mg | Medical | |
| J3303 | **Aristospan** | injection, triamcinolone hexacetonide, per 5 mg | Medical | |
| J3304 | **Zilretta** | injection, triamcinolone acetonide, preservative free extended release, microsphere formulation, 1 mg | Medical (PA) | |
| J3315 | **Trelstar** | injection, triptorelin pamoate, 3.75 mg | Medical (PA) | |
| J3316 | **Triptodur** | injection, triptorelin, extended release, 3.75 | Medical (PA) | |
| J3355 | **Bravelle** | injection, urofollitropin, 75 iu | Pharmacy | |
| J3357 | **Stelara SC** | ustekinumab, for subcutaneous injection | Pharmacy (PA) | |
| J3358 | **Stelara IV** | ustekinumab, for intravenous injection, 1 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J3360 | | injection, diazepam, up to 5 mg | Medical | |
| J3365 | **Abbokinase** | injection, urokinase, 250,000 iu | Medical | |
| J3370 | | injection, vancomycin hcl, 500 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J3380 | **Entyvio** | injection vedolizumab 1 mg | Medical (PA) | |
| J3385 | **Vpriv** | injection, velaglucerase alfa, 100 units | Medical (PA) | |
| J3396 | **Visudyne** | injection, verteporfin, 0.1 mg | Medical | |
| J3397 | **Mepsevii** | inj, vestronidase alfa-vjbk, 1 mg | Medical (PA) | |
| J3398 | **Luxturna** | inj voretigene neparvovec-rzyl 1 billion vector genomes | Medical (PA) | |
| J3399 | **Zolgensma** | Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes | Medical (PA) | |
| J3410 | | injection, hydroxyzine hcl, up to 25 mg | Medical | |
| J3411 | | injection, thiamine hcl, 100 mg | Medical | |
| J3415 | | injection, pyridoxine hcl, 100 mg | Medical | |
| J3420 | | injection, vitamin b-12 cyanocobalamin, up to 1,000 mcg | Medical | |
| J3430 | | injection, phytonadione (vitamin k), per 1 mg | Medical | |
| J3465 | **Vfend** | injection, voriconazole, 10mg | Medical | |
| J3470 | **Amphadase** | injection, hyaluronidase, up to 150 units | Medical | |
| J3471 | | injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units) | Medical | |
| J3473 | | injection, hyaluronidase recombinant, 1 usp unit | Medical | |
| J3475 | | injection, magnesium sulfate, per 500 mg | Medical | |
| J3480 | | injection, potassium chloride, per 2 meq | Medical | |

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| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J3486 | **Geodon** | injection, ziprasidone mesylate, 10 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| J3489 | **Reclast/Zometa** | injection, zoledronic acid, 1 mg | Either | This Jcode is shared by two different products. Both products can be billed via jcode (no PA required). Generic Zometa is not covered on the pharmacy benefit. |
| J3490 | | unclassified drugs | Medical | |
| J3535 | | drug administered through a metered dose inhaler | Medical | |
| J3585 | **Retrovir** | injection, zidovudine, 10 mg | Medical | |
| J3590 | | unclassified biologics | Medical | |
| J3591 | | unclassified drug or biological (for esrd on dialysis) | Medical | |
| J7030 | **sodium chloride** | infusion, normal saline solution, 1,000 cc | Medical | |
| J7040 | **sodium chloride** | infusion, normal saline solution, sterile (500 ml=1 unit) | Medical | |
| J7042 | **Dextrose- Nacl** | 5% dextrose/normal saline (500 ml = 1 unit) | Medical | |
| J7050 | **sodium chloride** | infusion, normal saline solution, 250 cc | Medical | |
| J7060 | **dextrose** | 5% dextrose/water (500 ml = 1 unit) | Medical | |
| J7070 | **dextrose** | infusion, d-5-w, 1,000 cc | Medical | |
| J7100 | | infusion, dextran40, lmd 10% in 0.95 sodium hcl, 500 ml | Medical | |
| J7110 | | infusion, dextran 75 in d5w | Medical | |
| J7120 | | ringers lactate infusion, up to 1,000 cc | Medical | |
| J7121 | | 5% dextrose lr infusion to 1000 cc | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J7169 | **Andexxa** | Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg | Medical | |
| J7170 | **Hemlibra** | inj emicizumab-kxwh, 0.5mg | Medical (PA) | |
| J7175 | **Coagadex** | injection, factor x 1 i.u. (human) | Medical | |
| J7177 | **Fibryga** | injection, human fibrinogen concentrate (fibryga), 1 mg | Medical | |
| J7178 | **RiaSTAP** | injection, human fibrinogen concentrate, not otherwise specified, 1 mg | Medical | |
| J7179 | **Vonvendi** | injection von willebrand factor 1 i.u. vwf:rco | Medical | |
| J7180 | **Corifact** | injection, factor viii (antihemophilic factor, human), 1 iu | Medical | |
| J7181 | **Tretten** | injection, factor viii a-subunit, (recombinant), per iu | Medical | |
| J7182 | **NovoEight** | injection, factor viii (antihemophilic factor, recombinant), (novoeight), per iu | Medical | |
| J7183 | **WILATE** | injection, von willebrand factor complex (human), wilate, 1 iu vwf:rco | Medical | |
| J7185 | **Xyntha / Xyntha solofuse** | injection, xyntha, 1 iu | Medical | |
| J7186 | **Alphanate** | injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u. | Medical | |
| J7187 | **Humate-P** | injection, von willebrand factor complex (humate-p), per iu vwf-rc0 | Medical | |
| J7188 | **Obizur** | injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u. | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J7189 | **Novoseven** | factor viia (antihemophilic factor, recombinant) (novoseven rt), per 1 mcg | Medical | |
| J7190 | **Hemofil-M, Koate, Monoclate-P** | factor viii (antihemophilic factor, human) per i.u. | Medical | |
| J7191 | | factor viii (antihemophilic factor (porcine), per i.u. | Medical | |
| J7192 | **Advate, Recombinate, Kogenate FS, Helixate FS** | factor viii (antihemophilic factor, recombinant) per iu, not otherwise specified | Medical | |
| J7193 | **Alphanine SD, Mononine** | factor ix (antihemophilic factor, purified, non-recombinant) per i.u. | Medical | |
| J7194 | **Profilnine** | factor ix complex, 1 iu | Medical | |
| J7195 | **Benefix, Ixinity** | factor ix recombinant, 1iu | Medical | |
| J7196 | | injection, antithrombin recombinant, 50 i.u. | Medical | |
| J7197 | **Thrombate iii** | injection, antithrombin iii, 1 iu | Medical | |
| J7198 | **Feiba NF** | anti-inhibitor, feiba vh immuno (anti-inhibitor coagulant complex), 1iu | Medical | |
| J7199 | | hemophilia clotting factor, not otherwise classified | Medical | |
| J7200 | **Rixubis** | injection, factor ix, (antihemophilic factor, recombinant), (rixibus), per iu | Medical | |
| J7201 | **Alprolix** | injection, factor ix, fc fusion protein (recombinant), per iu | Medical | |
| J7202 | **Idelvion** | injection, factor ix albumin fus prt 1 i.u. | Medical | |
| J7203 | **Rebinyn** | injection, factor ix (antihemophilic factor, recombinant), glycopegylated, rebinyn, 1 i.u. | Medical | |
| J7204 | **Esperoct** | Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J7205 | **Eloctate** | injection, factor viii fc fusion per iu | Medical | |
| J7207 | **Adynovate** | injection, factor viii pegylated 1 i.u. | Medical | |
| J7208 | **Jivi** | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. | Medical | |
| J7209 | **Nuwiq** | injection, factor viii 1 i.u. | Medical | |
| J7210 | **Afstyla** | injection, factor viii (antihemophilic factor, recombinant), (afstyla) 1 iu | Medical | |
| J7211 | **Kovaltry** | injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 iu | Medical | |
| J7212 | **Sevenfact** | Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram | Medical | |
| J7296 | **Kyleena** | contraceptive system, intrauterine, levonorgestrel releasing, 19.5 mg | Medical | |
| J7297 | **Liletta** | lng-releasing iuc sys 52mg 3 yr dur | Medical | |
| J7298 | **Mirena** | lng-releasing iuc sys 52mg 5 yr dur | Medical | |
| J7300 | **Paragard** | paragard t380a (intrauterine copper contraceptive) | Medical | |
| J7301 | **Skyla** | levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg | Medical | |
| J7303 | **Nuva Ring** | contraceptive supply, hormone retaining vaginal ring, each | Pharmacy | |
| J7304 | **Contraceptive patch** | contraceptive supply, hormone containing patch, each | Pharmacy | |
| J7308 | **Levulan Kerastick** | aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) | Medical | |
| J7311 | **Retisert** | Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J7312 | **Ozurdex** | injection, dexamethasone, intravitreal implant, 0.1 mg | Medical | |
| J7313 | **Iluvien** | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg | Medical | |
| J7314 | **Yutiq** | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg | Medical | |
| J7315 | **Mitosol** | mitomycin, opthalmic, 0.2 mg | Medical | |
| J7316 | **Jetrea** | injection, ocriplasmin, 0.125 mg | Medical (PA) | |
| J7318 | **Durolane** | hyaluronan or derivative, durolane, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7320 | **Genvisc 850** | hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7321 | **Supartz/ Hyalgan/Visco-3** | Hyaluronan or derivative, hyalgan, supartz OR Visco-3, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7322 | **Hymovis** | hyaluronan or derivative for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7323 | **Euflexxa** | hyaluronan or derivative, euflexxa, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7324 | **Orthovisc** | hyaluronan or derivative, orthovisc, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7325 | **Synvisc/ Synvisc-One** | hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7326 | **Gel-One** | hyaluronan or derivative, gel-one, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7327 | **Monovisc** | hyaluronan or derivative, monovisc, for intra-articular injection, per dose | Medical (PA) | This HA product is not covered |
| J7328 | **Gel-Syn** | hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg | Medical (PA) | This HA product is not covered |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J7329 | **Trivisc** | hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7330 | **Carticel** | implant, cultured chondrocytes, 1 ea | Medical | |
| J7331 | **Synojoynt** | Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7332 | **Triluron** | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg | Medical (PA) | This HA product is not covered |
| J7336 | **Qutenza** | capsaicin 8% patch, per sq cm | Medical (PA) | |
| J7340 | **Duopa** | carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml | Medical | |
| J7342 | **Otiprio** | installation, ciprofloxacin otic suspension, 6mg | Medical | |
| J7345 | **Ameluz** | aminolevulinic acid hcl for topical administration, 10%, | Medical | |
| J7351 | **Durysta** | Injection, bimatoprost, intracameral implant, 1 microgram | Medical (PA) | |
| J7352 | **Scenesse** | Afamelanotide implant, 1 mg | Medical (PA) | |
| J7402 | **Sinuva** | Mometasone furoate sinus implant (sinuva), 10 micrograms | Medical | |
| J7500 | **Imuran** | azathioprine, oral, 50 mg | Pharmacy | |
| J7501 | | azathioprine, parenteral, 100mg | Medical | |
| J7502 | **Sandimmune** | cyclosporine, oral, 100 mg | Pharmacy | |
| J7503 | **Envarsus XR** | tacrolimus, extended release, (envarsus xr), oral, 0.25 mg | Pharmacy | |
| J7504 | **Atgam** | injection, lymphocyte immune globulin, 250mg | Medical | |
| J7505 | **Orthoclone** | injection, monoclonal antibodies, 5 mg | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J7507 | **Prograf** | tacrolimus, immediate release, oral, 1 mg | Pharmacy | |
| J7508 | **Astagraf XL** | tacrolimus, extended release, (astagraf xl), oral, 0.1 mg | Pharmacy | |
| J7509 | **Medrol** | methylprednisolone, oral, per 4 mg | Pharmacy | |
| J7510 | **Orapred** | prednisolone, oral, per 5 mg | Pharmacy | |
| J7511 | **Thymoglobulin** | lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg | Medical | |
| J7512 | **Prednisone** | prednisone, immediate release or delayed release, oral, 1 mg | Pharmacy | |
| J7513 | **Zenapax** | daclizumab, parenteral, 25 mg | Medical | |
| J7515 | **Gengraf, Neoral** | cyclosporine, oral, 25 mg | Pharmacy | |
| J7516 | **Sandimmune** | parenteral, cyclosporine, 250 mg | Medical | |
| J7517 | **Cellcept** | mycophenolate mofetil, oral, 250 mg | Pharmacy | |
| J7518 | **Myfortic** | mycophenolic acid, oral, 180 mg | Pharmacy | |
| J7520 | **Rapamune** | oral, sirolimus, 1 mg | Pharmacy | |
| J7525 | **Prograf** | injection, tacrolimus, 5mg | Medical | |
| J7527 | **Zortress** | everolimus, oral, 0.25 mg | Pharmacy | |
| J7605 | **Arformoterol** | arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg | Pharmacy | |
| J7607 | **Perforomist** | levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg | Pharmacy | |
| J7608 | **Acetylcysteine** | acetylcysteine, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per g | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J7611 | | albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 1 mg | Pharmacy | |
| J7612 | **Xopenex** | levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg | Pharmacy | |
| J7613 | **Accuneb** | albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg | Pharmacy | |
| J7614 | **Xopenex** | levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg | Pharmacy | |
| J7620 | | albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, noncompounded, administered through dme | Pharmacy | |
| J7626 | **Pulmicort** | budesonide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, up to 0.5 mg | Pharmacy | |
| J7631 | | cromolyn sodium noncomp unit, 10 mg | Pharmacy | |
| J7639 | **Pulmozyme** | dornase alfa, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg | Pharmacy (PA) | |
| J7643 | | glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per mg | Pharmacy | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J7644 | | ipratropium bromide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg | Pharmacy | |
| J7665 | **Aridol** | mannitol, administered thru an inhaler, 5 mg | Medical | |
| J7669 | | meterproterenol sulfate non- comp unit, 10 mg | Medical | |
| J7674 | **Provocholine** | methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg | Medical | |
| J7677 | **Yupelri** | Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram | Either | |
| J7682 | **Tobi** | tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg | Pharmacy | |
| J7686 | **Tyvaso** | treprosinil, non-comp unit | Pharmacy (PA) | |
| J7699 | | noc drugs, inhalation solution administered through dme | Medical | |
| J7799 | | noc drugs, other than inhalation drugs, administered through dme | Medical | |
| J7999 | | compounded drug noc | Medical | |
| J8498 | | anti-emetic drug, rectal suppository, not otherwise specified | Medical | |
| J8499 | | prescription drug, oral, nonchemotherapeutic, nos | Pharmacy (PA) | |
| J8501 | **Emend** | aprepitant, oral, 5 mg | Pharmacy | |
| J8510 | **Myleran** | busulfan, oral, 2 mg | Pharmacy (PA) | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J8515 | **Dostinex** | cabergoline, oral, 0.25 mg | Pharmacy | |
| J8520 | **Xeloda** | capecitabine, oral, 150 mg | Pharmacy (PA) | |
| J8521 | **Xeloda** | capecitabine, oral, 500 mg | Pharmacy (PA) | |
| J8530 | **Cytoxan** | oral, cyclophophamide 25 mg | Pharmacy (PA) | |
| J8540 | | dexamethasone, oral, 0.25 mg | Pharmacy | |
| J8560 | **Etoposide** | etoposide, oral, 50 mg | Pharmacy (PA) | |
| J8562 | **Oforta** | fludarabine phosphate, oral, 10 mg | Pharmacy (PA) | |
| J8565 | **Iressa** | gefitinib, oral, 250 mg | Pharmacy (PA) | |
| J8597 | | antiemetic drug, oral, not otherwise specified | Pharmacy (PA) | |
| J8600 | **Alkeran** | melphalan, oral, 2 mg | Pharmacy | |
| J8610 | | methotrexate, oral, 2.5 mg | Pharmacy | |
| J8650 | **Cesamet** | nabilone, oral, 1 mg | Pharmacy | |
| J8655 | **Akynzeo** | netupitant 300 mg and palonosetron 0.5 mg, oral | Pharmacy | |
| J8670 | **Varubi** | rolapitant, oral, 1 mg | Pharmacy | |
| J8700 | **Temodar** | temozolomide, oral, 5 mg | Pharmacy (PA) | |
| J8705 | **Hycamtin** | topotecan, oral, 0.25 mg | Pharmacy (PA) | |
| J8999 | | prescription drug, oral, chemotherapeutic, nos | Pharmacy (PA) | |
| J9000 | **Adriamycin** | injection, doxorubicin hcl, 10 mg | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J9015 | **Proleukin** | injection, aldesleukin, 1 ea | Medical | |
| J9017 | **Trisenox** | injection, arsenic trioxide, 1 mg | Medical | |
| J9019 | **Erwinaze** | injection, asparaginase (erwinaze), 1,000 iu | Medical | |
| J9020 | **Elspar** | injection, asparaginase, 10,000 units | Medical | |
| J9022 | **Tecentriq** | injection, atezolizumab, 10 mg | Medical | |
| J9023 | **Bavencio** | injection, avelumab, 10 mg | Medical | |
| J9025 | **Vidaza** | injection, azacitidine, 1 mg | Medical | |
| J9027 | **Clolar** | injection, clofarabine, 1 mg | Medical | |
| J9030 | **TheraCys, TiceBCG** | BCG live intravesical instillation, 1 mg | Medical | |
| J9032 | **Beleodaq** | injection belinostat 10 mg | Medical | |
| J9033 | **Treanda** | Injection, bendamustine hcl (treanda), 1 mg | Medical | |
| J9034 | **Bendeka** | Injection, bendamustine hcl (bendeka), 1 mg | Medical | |
| J9035 | **Avastin** | injection, bevacizumab, 10 mg | Medical | |
| J9036 | **Belrapzo** | Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg | Medical | |
| J9037 | **Blenrep** | injection, belantamab mafodontin-blmf, 0.5 mg | Medical | |
| J9039 | **Blincyto** | injection, blinatumomab 1 microgram | Medical | |
| J9040 | | injection, bleomycin sulfate, 15 units | Medical | |
| J9041 | **Velcade** | injection, bortezomib, 0.1 mg | Medical | |
| J9042 | **Adcetris** | injection, brentuximab vedotin, 1 mg | Medical | |
| J9043 | **Jevtana** | injection, cabazitaxel, 1 mg | Medical | |
| J9044 | | injection, bortezomib, not otherwise specified, 0.1 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J9045 | | injection, carboplatin, 50 mg | Medical | |
| J9047 | **Kyprolis** | injection, carfilzomib, 1mg | Medical | |
| J9050 | **BICNU** | injection, carmustine, 100mg | Medical | |
| J9055 | **Erbitux** | injection, cetuximab, 10 mg | Medical | |
| J9057 | **Aliqopa** | injection copanlisib, 1 mg | Medical | |
| J9060 | | cisplatin, powder or solution, per 10 mg | Medical | |
| J9065 | **Leustatin** | injection, cladribine, per 1 mg | Medical | |
| J9070 | | injection, cyclophosphamide, 100 mg | Medical | |
| J9098 | **Depocyt** | injection, cytarabine liposome, 10 mg | Medical | |
| J9100 | | injection, cytarabine, 100 mg | Medical | |
| J9118 | **Asparlas** | Injection, calaspargase pegol-mknl, 10 units | Medical | |
| J9119 | **Libtayo** | Injection, cemiplimab-rwlc, 1 mg | Medical | |
| J9120 | **Cosmegan** | injection, dactinomycin, 0.5 mg | Medical | |
| J9130 | | injection, dacarbazine, 100 mg | Medical | |
| J9144 | **Darzalex Faspro** | Injection, daratumumab, 10 mg and hyaluronidase-fihj | Medical | |
| J9145 | **Darzalex** | injection, daratumumab 10mg | Medical | |
| J9150 | **Cerubidine** | injection, daunorubicin, 10 mg | Medical | |
| J9151 | | injection, daunorubicin citrate, liposomal formulation, 10 mg | Medical | |
| J9153 | **Vyxeos** | injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | Medical | |
| J9155 | **Firmagon** | injection, degarelix, 1 mg | Medical | |
| J9160 | **Ontak** | injection, denileukin diftitox, 300 mcg | Medical | |
| J9171 | **Taxotere** | injection, docetaxel, 1 mg | Medical | |
| J9173 | **Imfinzi** | injection, durvalumab, 10 mg | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J9176 | **Empliciti** | injection, elotuzumab 1mg | Medical | |
| J9177 | **Padcev** | Injection, enfortumab vedotin-ejfv, 0.25 mg | Medical | |
| J9178 | | injection, epirubicin hcl, 2 mg | Medical | |
| J9179 | **Halaven** | injection, erbulin mesylate, 0.1 mg | Medical | |
| J9181 | | injection, etoposide, 10 mg | Medical | |
| J9185 | | injection, fludarabine phosphate, 50 mg | Medical | |
| J9190 | **Adrucil** | injection, fluorouracil, 500 mg | Medical | |
| J9198 | **Infugem** | Injection, gemcitabine hydrochloride, (infugem), 100 mg | Medical | |
| J9200 | | injection, floxuridine, 500 mg | Medical | |
| J9201 | **Gemzar** | injection, gemcitabine hcl, 200 mg | Medical | |
| J9202 | **Zoladex** | goserelin acetate implant, per 3.6 mg | Medical (PA) | |
| J9203 | **Mylotarg** | injection, gemtuzumab ozogamicin, 0.1 mg (mylotarg) | Medical | |
| J9204 | **Poteligeo** | Injection, mogamulizumab-kpkc, 1 mg | Medical | |
| J9205 | **Onivyde** | injection, irinotecan liposome, 1mg | Medical | |
| J9206 | **Camptosar** | injection, irinotecan, 20 mg | Medical | |
| J9207 | **Ixempra** | injection, ixabepilone, 1 mg | Medical | |
| J9208 | **Ifex** | injection, ifosfamide, 1 g | Medical | |
| J9209 | | injection, mesna, 200 mg | Medical | |
| J9210 | **Gamifant** | Injection, emapalumab-lzsg, 1 mg | Medical (PA) | |
| J9211 | **Idamycin** | injection, idarubicin hcl, 5 mg | Medical | |
| J9212 | **Pegasys, Pegasys ProClick** | injection, interferon-alfacon-1, recombinant, 1 microgram | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J9213 | **Roferon A, Interferon alfa-2a inj** | injection, interferon, alfa-2a, recombinant, 3 million units | Medical | |
| J9214 | **Intron A** | injection, interferon, alfa-2b, recombinant, 1 million units | Medical | |
| J9215 | **Alferon- N interferon** | injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu | Medical | |
| J9216 | **Actimmune** | injection, interferon, gamma 1-b, 3 million units | Pharmacy (PA) | |
| J9217 | **Eligard/Lupron depot** | leuprolide acetate (for depot suspension), 7.5 mg | Medical (PA) | |
| J9218 | **Lupron non-depot** | injection, non depot form for sc or iv use, leuprolide acetate, per 1 mg | Pharmacy (PA) | |
| J9219 | **Viadur** | leuprolide acetate implant, 65 mg | Medical | |
| J9223 | **Zepzelca** | Injection, lurbinectedin, 0.1 mg | Medical | |
| J9225 | **Vantas** | histrelin implant (vantas), 50 mg | Medical (PA) | |
| J9226 | **Supprelin LA** | histrelin implant (supprelin la), 50 mg | Medical (PA) | |
| J9227 | **Sarclisa** | Injection, isatuximab-irfc, 10 mg | Medical | |
| J9228 | **Yervoy** | injection, ipilumumab, 1 mg | Medical | |
| J9229 | **Besponsa** | injection, inotuzumab ozogamicin, 0.1 mg | Medical | |
| J9230 | **Mustargen** | injection, mechlorethamine hcl, 10 mg | Medical | |
| J9245 | **Alkeran** | Injection, melphalan hydrochloride, not otherwise specified, 50 mg | Medical | |
| J9246 | **Evomela** | Injection, melphalan (evomela), 1 mg | Medical | |
| J9250 | | methotrexate sodium, 5 mg | Medical | |
| J9260 | | methotrexate sodium, 50 mg | Medical | |
| J9261 | **Arranon** | injection, nelarbine, 50 mg | Medical | |

| Code | Brand Name | Description | CCHP (PA) = Prior Authorization required | |
|---|---|---|---|---|
| | | | Benefit | Notes |
| J9262 | **Synribo** | injection, omacetaxine mepesuccinate, 0.01 mg | Medical | |
| J9263 | **Eloxatin** | injection, oxaliplatin, 0.5 mg | Medical | |
| J9264 | **Abraxane** | injection, paclitaxel protein-bound particles, 1 mg | Medical | |
| J9266 | **Oncaspar** | injection, pegaspargase, per single dose vial | Medical | |
| J9267 | **Nov-Onxol** | injection, paclitaxel, 1 mg | Medical | |
| J9268 | **Nipent** | injection, pentostatin, 10 mg | Medical | |
| J9269 | **Elzonris** | Injection, tagraxofusp-erzs, 10 micrograms | Medical | |
| J9270 | | injection, plicamycin, 2.5 mg | Medical | |
| J9271 | **Keytruda** | injection, pembrolizumab, 1 mg | Medical | |
| J9280 | | injection, mitomycin, 5 mg | Medical | |
| J9281 | **Jelmyto** | Mitomycin pyelocalyceal instillation, 1 mg | Medical | |
| J9285 | **Lartruvo** | injection, olaratumumab, 10 mg (lartruvo) | Medical | |
| J9293 | | injection, mitoxantrone hcl, per 5 mg | Medical | |
| J9295 | **Portrazza** | injection, necitumumab, 1 mg | Medical | |
| J9299 | **Opdivo** | injection nivolumab, 1 mg | Medical | |
| J9301 | **Gazyva** | injection, obinutuzumab, 10 mg | Medical | |
| J9302 | **Arzerra** | injection, ofatumumab, 10 mg | Medical | |
| J9303 | **Vectibix** | injection, panitumumab, 10 mg | Medical | |
| J9304 | **Pemfexy** | Injection, pemetrexed (PEMFEXY), 10 mg | Medical | |
| J9305 | **Alimta** | Injection, pemetrexed, not otherwise specified, 10 mg | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J9306 | **Perjeta** | injection, pertuzumab, 1 mg | Medical | |
| J9307 | **Folotyn** | injection, pralatrexate, 1 mg | Medical | |
| J9308 | **Cyramza** | injection ramucirumab 5 mg | Medical | |
| J9309 | **Polivy** | Injection, polatuzumab vedotin-piiq, 1 mg | Medical | |
| J9311 | **Rituxan Hycela** | injection, rituximab and hyaluronidase, 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J9312 | **Rituxan** | injection, rituximab, 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| J9313 | **Lumoxiti** | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | Medical | |
| J9315 | **Istodax** | injection, romidepsin, 1 mg | Medical | |
| J9316 | **Phesgo** | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg | Medical | |
| J9317 | **Trodelvy** | Injection, sacituzumab govitecan-hziy, 2.5 mg | Medical | |
| J9320 | **Zansosar** | injection, streptozocin, 1 g | Medical | |
| J9325 | **Imlygic** | injection, talimogene laherparepvec, per 1 million plaque forming units | Medical | |
| J9328 | **Temodar IV** | injection, temozolomide, 1 mg | Medical | |
| J9330 | **Torisel** | injection, temsirolimus, 1 mg | Medical | |
| J9340 | | injection, thiotepa, 15 mg | Medical | |
| J9349 | **Monjuvi** | injection, tafasitamab-cxix, 2 mg | Medical | |
| J9351 | **Hycamptin** | injection, topotecan, 0.1 mg | Medical | |
| J9352 | **Yondelis** | injection, trabectedin 0.1mg | Medical | |
| J9354 | **Kadcyla** | injection, ado-trastuzumab emtansine, 1 mg | Medical | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| J9355 | **Herceptin** | injection, trastuzumab, 10 mg | Medical | |
| J9356 | **Herceptin Hylecta** | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk | Medical | |
| J9357 | **Valstar** | injection, valrubicin, intravesical, 200 mg | Medical | |
| J9358 | **Enhertu** | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg | Medical | |
| J9360 | | injection, vinblastine sulfate, 1 mg | Medical | |
| J9370 | | vincristine sulfate, 1 mg | Medical | |
| J9371 | **Marquibo** | injection, vincristine sulfate liposome, 1 mg | Medical | |
| J9390 | **Navelbine** | injection, vinorelbine tartrate, 10 mg | Medical | |
| J9395 | **Faslodex** | injection, fulvestrant, 25 mg | Medical | |
| J9400 | **Zaltrap** | injection, ziv-aflibercept, 1 mg | Medical | |
| J9999 | | not otherwise classified, antineoplastic drugs | Medical | |
| Q0138 | **Fereheme** | injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) | Medical | |
| Q0161 | **Chlorpromazine** | chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen | Pharmacy | |
| Q2009 | | injection, fosphenytoin, 50 mg phenytoin equivalent | Medical | |
| Q2035 | **Afluria** | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria) | Either | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| Q2037 | **Fluvirin** | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin) | Either | |
| Q2038 | **Fluzone** | influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone) | Either | |
| Q2040 | **Kymriah** | tisagenlecleucel, up to 250 million car positive viable t cells, including leukapheresis and dose preparation procedures, per infusion | Medical (PA) | |
| Q2041 | **Yescarta** | axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion | Medical (PA) | |
| Q2042 | **Kymriah** | tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) | |
| Q2043 | **Provenge** | sipuleucel-t auto cd54+ | Medical (PA) | |
| Q2050 | **Lipodox** | injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | Medical | |
| Q2053 | **Tecartus** | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | Medical (PA) | |
| Q3027 | **Avonex** | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE | Pharmacy | |
| Q3028 | **Rebif** | injection, interferon beta-1a, 1 mcg for subcutaneous use | Pharmacy (PA) | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| Q4074 | **Ventavis** | iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms | Pharmacy (PA) | |
| Q5101 | **Zarxio** | injection, filgrastim-sndz, biosimilar, (zarxio) 1 microgram | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q5103 | **Inflectra** | injection , infliximab-dyyb , biosimilar, 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5104 | **Renflexis** | injection, infliximab-abda, biosimilar, (renflexis), 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5105 | **Retacrit** | injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q5106 | **Retacrit** | injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q5107 | **Mvasi** | injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg | Medical | |
| Q5108 | **Fulphila** | injection, pegfilgrastim-jmdb biosimilar, (fuphila), 0.5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q5109 | **Ixifi** | injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5110 | **Nivestym** | injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q5111 | **Udenyca** | injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| Q5112 | **Ontruzant** | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg | Medical | |
| Q5113 | **Herzuma** | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg | Medical | |
| Q5114 | **Ogivri** | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg | Medical | |
| Q5115 | **Truxima** | Inj truxima 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5116 | **Trazimera** | Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg | Medical | |
| Q5117 | **Kanjinti** | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg | Medical | |
| Q5118 | **Zirabev** | InjInjection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mgection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg | Medical | |
| Q5119 | **Ruxience** | Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5120 | **Ziextenzo** | Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg | Medical | |
| Q5121 | **Avsola** | Injection, infliximab-axxq, biosimilar, (avsola), 10 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| Q5122 | **Nyvepria** | Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg | Either | May bill either benefit, PA required when billing through pharmacy benefit |
| Q9991 | **Sublocade** | injection, buprenorphine extended release < 100 mg | Medical (PA) | |
| Q9992 | **Sublocade** | injection, buprenorphine extended release > 100 mg | Medical (PA) | |
| S0012 | **Stadol** | butorphanol tartrate, nasal spray, 25 mg | Pharmacy | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| S0013 | **Spravato** | Esketamine, nasal spray, 1 mg | Either (PA) | May bill either benefit, PA required regardless of benefit |
| S0014 | **Cognex** | tacrine hydrochloride, 10 mg | Pharmacy | |
| S0088 | **Gleevec** | imatinib, 100 mg | Pharmacy (PA) | |
| S0090 | **Viagra** | sildenafil citrate, 25 mg | Pharmacy | |
| S0091 | **Kytril** | granisetron hydrochloride,1 mg (for circumstances falling under the medicare stature use q0166) | Pharmacy | |
| S0104 | **Retrovir** | zidovudine, oral, 100 mg | Pharmacy | |
| S0106 | **Wellbutrin SR** | bupropion hcl sustained release tab, 150 mg, per bottle of 60 | Pharmacy | |
| S0108 | **Purinethol** | mercaptopurine, oral, 50 mg | Pharmacy | |
| S0109 | **Dolophine** | methadone, oral, 5 mg | Pharmacy | |
| S0117 | **Retin A/Atralin/Renova** | tretinoin, topical, 5 grams | Pharmacy | |
| S0119 | **Zofran** | ondansetron, oral 4 mg | Pharmacy | |
| S0122 | **Menopur** | injection, menotropins, 75 iu | Pharmacy | |
| S0136 | **Clozaril** | clozapine, 25 mg | Pharmacy | |
| S0137 | **Videx** | didanosine (ddl), 25 mg | Pharmacy | |
| S0138 | **Propecia** | finasteride, 25 mg | Pharmacy | |
| S0139 | **Rogaine, Loniten** | minoxidil, 10 mg | Pharmacy | |
| S0140 | **Invirase** | saquinavir, 200 mg | Pharmacy | |
| S0145 | **Pegasys** | injection, pegylated interferon alfa 2a, 180 mcg per 0.5 ml | Pharmacy (PA) | |
| S0148 | **Peg-Intron** | injection, peginterferon alfa-2b | Pharmacy (PA) | |
| S0156 | **Aromasin** | exemestane, 25 mg | Pharmacy | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| S0157 | **Regranex** | becaplermin gel, 0.02%, 0.5g | Pharmacy | |
| S0160 | **Dexedrine** | dextroamphetamine sulfate, 5 mg | Pharmacy | |
| S0170 | **Arimidex** | anastrazole, oral, 1 mg | Pharmacy | |
| S0172 | **Leukeran** | chlorambucil, oral, 2 mg | Pharmacy | |
| S0174 | **Anzemet** | dolasetron mesylate , oral 50 mg (for circumstances falling under medicare statute) | Pharmacy | |
| S0175 | **Drogenil** | flutamide, oral, 125 mg | Pharmacy | |
| S0176 | **Hydrea** | hydroxyurea, oral, 500 mg | Pharmacy | |
| S0178 | **Ceenu** | lomustine, oral, 10 mg | Pharmacy | |
| S0179 | **Megase** | megesterol acetate, oral 20 mg | Pharmacy | |
| S0182 | **Matulane** | procarbazine maleate, oral, 5 mg (for circumstances foalling undr the medicare stature use q0164-q0165) | Pharmacy | |
| S0183 | **Compazine** | prochlorperazine maleate, oral, 5mg | Pharmacy | |
| S0187 | **Nolvadex** | tamoxifen citrate, oral, 10 mg | Pharmacy | |
| S0189 | **Testopel** | testosterone pellet, 75 mg | Medical (PA) | |
| S0194 | | dialysis/stress vitamin supplement, oral, 100 mg capsules | Pharmacy | |
| S0197 | | prenatal vitamins, 30 day supply (further documentation required) | Pharmacy | |
| S1091 | **Propel** | Stent, non-coronary, temporary, with delivery system (propel) | Medical | |
| S4990 | **Nicoderm CQ, Nicotrol** | nicotine patches, legend (further documentation required) | Pharmacy | |
| S4995 | **Nicorette** | smoking cessation gum | Pharmacy | |
| S5000 | **Prescription drug , generic** | | Pharmacy | |

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|---|---|---|---|---|
| | | | Benefit | Notes |
| S5001 | **Prescription drug , brand name** | | Pharmacy | |